

MASSACHUSETTS STATE RACING COMMISSION

c/o Suffolk Downs
111 Waldermar Ave
East Boston, MA 02128
FAX # (617) 561-0803

c/o Plainridge Racecourse
301 Washington Street
Plainville, MA 02762
FAX # (508) 643-9624

License

Receipt No. _____ Inspector _____
____Cash / Check _____ Date _____

FOR OFFICIAL USE

2005**STABLE NAME \$60**

___ **THOROUGHBRED**
___ **HARNESS**
___ **LICENSE APPLICATION**

All the below parties must be currently licensed owners.

Fee must accompany this application.
Make check payable to M.S.R.C.

DATE _____

To the Massachusetts State Racing Commission:

Dear Sirs:

I hereby register the following Stable name:

STABLE NAME _____**PARTIES OF THE STABLE****NAME****ADDRESS**

**A FALSE ANSWER TO AN QUESTION IN THIS APPLICATION
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

NOTICE:

Section 205 CMR 4.00 Rules of Horse Racing Section 4.01./ 3.00 Rules of Harness Racing, Section 3.01
"All licensees are participants are charged with the knowledge of the rules and regulations of this commissions".

NOTICE:

Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,
Have filed all state tax returns and paid all state taxes required under law.

**STEWARDS/JUDGES
RECOMMENDATIONS**License applied for expires **December 31st** year of issue**SIGNED UNDER THE PENALTY OF PERJURY****X** _____

Signature of applicant

Permanent Address _____